

EXHIBIT 53

Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.massrmv.com				3. Number of Documents		<input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap)		4. <input type="checkbox"/> Address Change	
1. Reg Eff Date		2. Reg Exp Date		5. Plate Type		6. Registration Number		7. Previous Title #	
Registration/Vehicle Information				8. State					
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial				10. Vehicle Identification Number:					
<input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Other				H Q 1 H A Z 1 8 3 K 8 4 3 2 0 7					
11. Year 2003	12. Make HD	13. Model Name VRSCA	14. Model #	15. Body Style MC	16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple			17. # of Cylinders/Passengers/Doors 2 / 2 / 0 /	
18. Transmission <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual		19. Total Gross Weight (Laden)		20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner Information				22. Owner 1 License #/State 014686531 MA		23. Owner 2 License #/State			
25. Owner 1 Name (Last, First, Middle) HOLBROOK, JOHN J.						26. Owner 1 Date of Birth 5/29/1975			
27. Owner 2 Name (Last, First, Middle)						28. Owner 2 Date of Birth			
						30. City/Town Where Vehicle is Principally Garaged: Ware			
31. Mailing Address 323 PALMER RD				City WARE		State MA		Zip Code 01082	
32. Residential Address				City		State		Zip Code	
33. For Leased Vehicles Include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee									
34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee									
Signatures I/WE THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH. 35. Signature of Owner From Block 25 or 29. Also Print Name If Different 36. Signature of 2nd Owner From Block 27. Also Print Name If Different 37. Authorized Dealer's Signature 38. Dealer Reg No. 39. Seller's Name (Please Print) CYCLE CRAFT COMPANY INC. 40. Seller's Address 1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149									
Insurance Certification THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREINBEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREINBEFORE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E. 41A. Policy Effective Date: Policy Change Date: 41B. Manual Class: 41C. Ins. Company & Code: Insurance Co's Authorized Representative's Signature									
Title Data		42. Date of Purchase 8/05/2003		43. Odometer Reading 10					
44. <input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted									
45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained									
46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only				47. Secondary Salvage Brand					
Lienholder Information				48. Date of 1st Lien 11		49. Date of 2nd Lien			
I/we certify that all liens on this vehicle are listed below									
50. First Lienholder Code		51. Name Country Bank							
52. Lien Address 75 main st Ware MA 01082									
53. Second Lienholder Code		54. Name		55. Lien Address					

Sales or Use Tax Schedule

Fee Information

C - C 02581
CONFIDENTIAL